

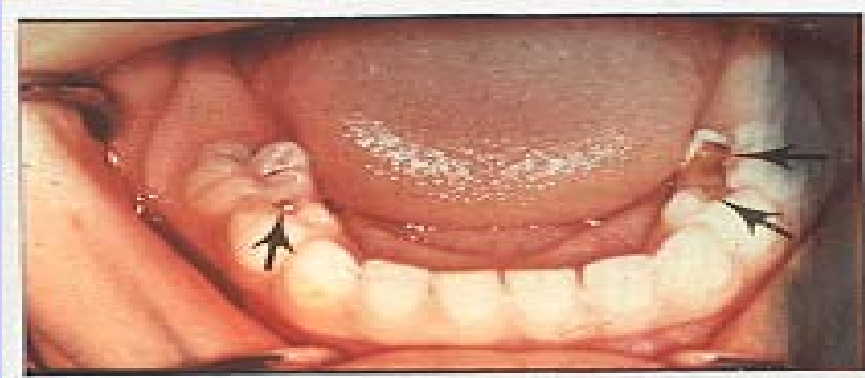
MY MOUTH HURTS!

The following slides are what might be considered “normal” pathology and constitutes a fair sampling of what you might encounter when you look in a child’s mouth after they say,

“My Mouth Hurts!”



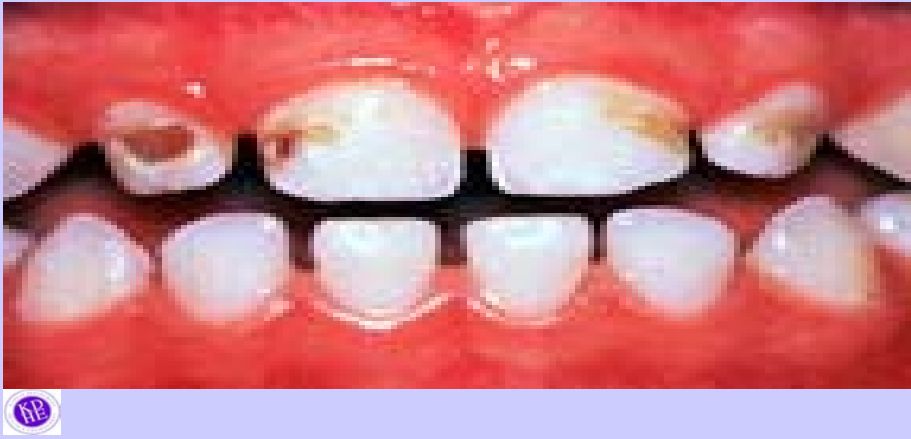
DECAY



Dental caries (cavities) is a transmissible, infectious disease. It is 5 times more common than asthma. Children miss nearly 52 million hours of school per year due to dental disease (an average of 880,000 days per year). We know that 53% of 6 to 8 year old are affected, and 84% of young adults have decay by age 17.

<http://www.nidr.nih.gov/sgr/execsumm>

DECAY



The health and development of children's mouth and teeth are as important as any other part of their body, affecting how children feel and behave, as well as how they will develop into youth and adults. One dollar spent for prevention saves eight to fifty dollars in restorative care.

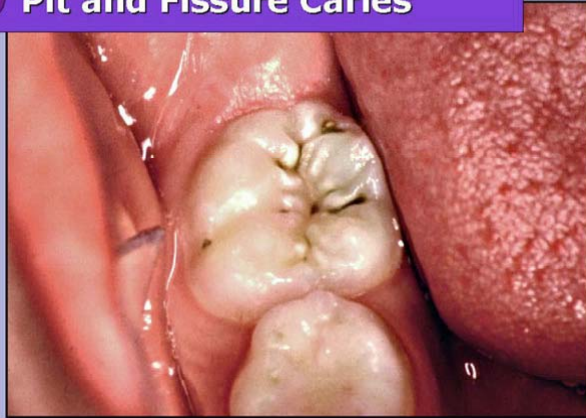
http://www.adha.org/profissues/access_to_care.htm

<http://www.nidr.nih.gov/sgr/exesumm.htm>



25% of ALL children entering kindergarten have visible, untreated decay.
20% of indigent 3 year-olds have decay.
Dental disease is directly related to income.

Pit and Fissure Caries



**RAMPANT DECAY
IN A
SEDGWICK COUNTY CHILD**



This child has their new lower central incisors, so they must be at least six years old. This picture came from the Sedgwick County. Children living in poverty suffer twice as much tooth decay, and their dental disease is more likely to go untreated than their more affluent peers. <http://www.nidr.nih.gov/sgr/exesumm.htm>.

DENTAL ABCESS



TOOTHACHE

- ~DO NOT place aspirin on tooth or gum tissue
(It will cause a chemical burn)
- ~Check child's temperature and observe for respiratory distress
- ~Contact parent and arrange to take child to the dentist immediately
- ~Follow-up 24 hours after first contact

The aspirin will macerate the gum tissue. Aspirin works systemically, NOT topically! If the child is old enough– have them rinse vigorously with warm salt water or try using dental floss to clean out any debris.

EXUDATE FROM ABCESS



RAMPANT DECAY AND GEOGRAPHIC TONGUE



Geographic tongue exhibits map-like denuded areas that can change shape over time. The tongue may be sensitive. It seems to be exacerbated by stress. Brushing the tongue is recommended.

HEALTHY ADULT DENTITION



Pigmented Pediatric Gingiva



Normal pigmentation of the gums for dark-skinned individuals may appear similar to this.

APTHOUS ULCERS



Apthous ulcers are also called “canker sores”. They are painful, last between 10 to 14 days, and are not contagious.

ORAL ULCERS

WEAR GLOVES

Record location, type, severity of lesions

Check child’s temperature

Advise child to avoid salty or spicy foods

Ice may be applied to provide temporary relief

Contact parent if lesions spread or persist

Child can rinse with warm salt water if old enough to swish and expectorate. Administer acetaminophen if needed and possible.



An “avulsed” tooth is one that has been knocked out.

AVULSED TOOTH

Handle by the crown of the tooth (NOT the root!)

Rinse gently, if needed. (NEVER scrub)

Replant into socket, hold in place

Transport tooth (if unable to replant) in milk, saline solution, or saliva. Water as a last resort.

DO NOT LET DRY OUT!

Contact parent. Contact dentist. Take child and tooth **to dentist within 30 minutes** if possible

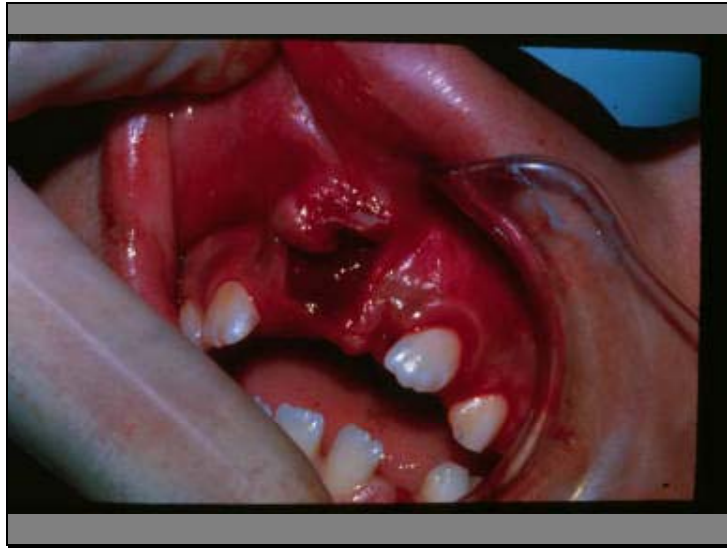
If wound is contaminated by soil--tetanus toxoid may be needed

Knocked out permanent (adult) tooth. Primary (baby) teeth are not replanted.

DO NOT use antiseptic on the tooth. Do not handle the tooth unnecessarily. Inspect the tooth for fractures before replanting it. After *gently* replanting the tooth, have the child hold it in place with a tissue or clean cloth. Replace in the socket *before* a blood clot forms. If milk or saline solution is unavailable, the child may spit into a cup to cover the tooth to transport it. The tooth may also be held in the vestibule or cheek area if the child is old enough not to swallow it. It can be wrapped in plastic or even a wet towel. Replantation within 15 to 20 minutes is best.



This slide shows the result of an unfortunate accident where both front teeth were knocked out.





Displaced Primary Teeth



- ~DO NOT attempt to move the tooth into correct position
- ~Gently cleanse with warm water
- ~Contact parent and arrange to take to dentist immediately





An extruded tooth has been partially displaced from the socket.



A luxated tooth is one that has been loosened and dislocated.



Intruded teeth are those that have been pushed up into the bone.

Fractured Permanent Teeth



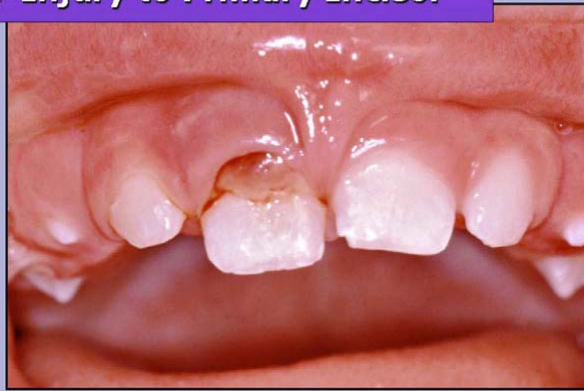
FRACTURE/BROKEN TOOTH



VERTICAL FRACTURE



Injury to Primary Incisor





Fractured Primary Tooth



**INJURED TEETH
CHIPPED**

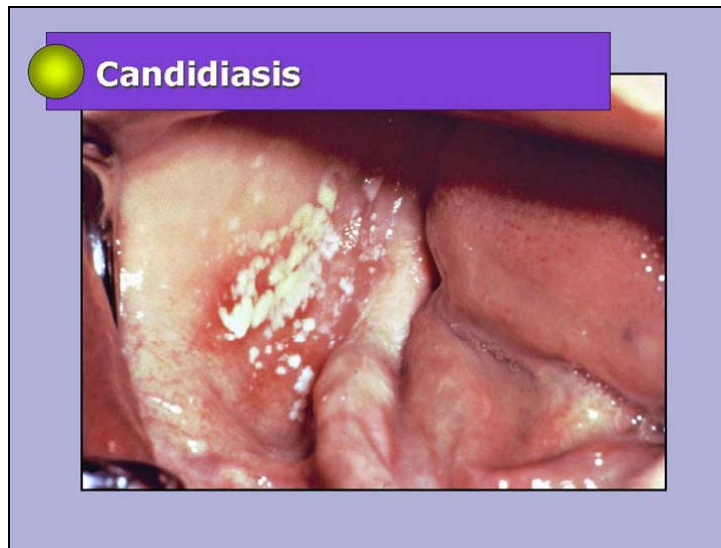


MALOCCLUSION

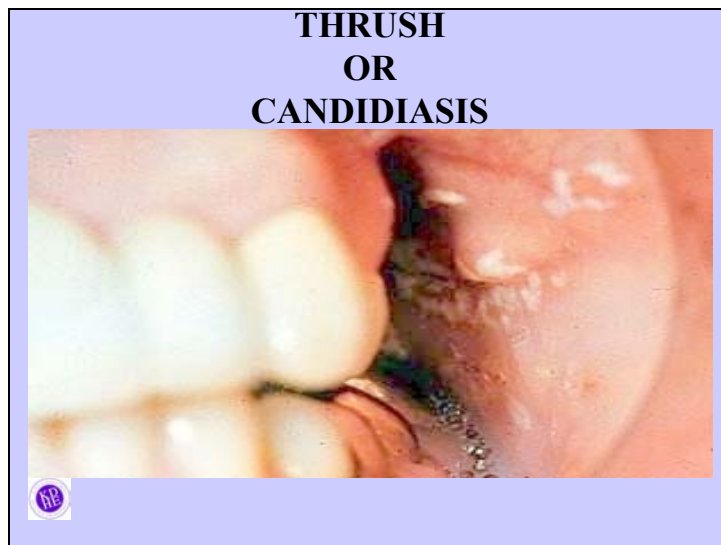


Overbite, receding lower jaw



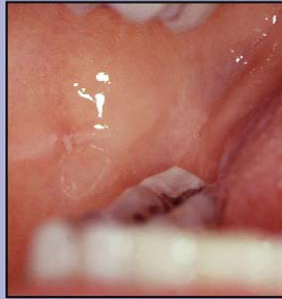


This condition is also known as “thrush”. The soft, white plaque can be easily removed with gauze, or a tongue blade, revealing red, raw tissue. This infectious condition is treated with antifungal medication.





Trauma from Cheek Biting



Cheek Bite



Chronic cheek biting

This can be a habit.

CHEILITIS

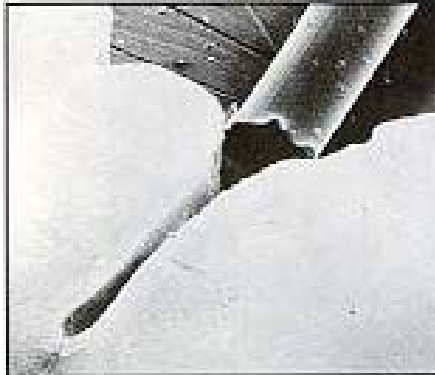


Cheilitis may be caused by Vitamin B deficiency, or constant licking of the lips. It is characterized by red, crusted cracks at the corners of the mouth. It is not infectious.

AMALGAM AND COMPOSITE FILLINGS



1 TOOTHBRUSH BRISTLE NEXT TO TOOTH
PIT



Sealant Application



Chewing surface of a molar before sealant is applied.



The tooth surface is etched with a mild solution to help the sealant adhere.



Chewing surface of a molar protected by a shaded sealant.



PARTIALLY RETAINED SEALANT





Frenum Laceration



~Try to calm the injured person

~If bleeding profusely:

Contact parent and arrange for emergency services

~If minor bleeding:

Apply pressure (approx. ten minutes)

If bleeding continues past ten minutes, contact parent and arrange for EMTs or transport to emergency room.

NON-VITAL TOOTH



This tooth's nerve is "dead", or non-vital, probably due to an injury.

PERICORNITIS

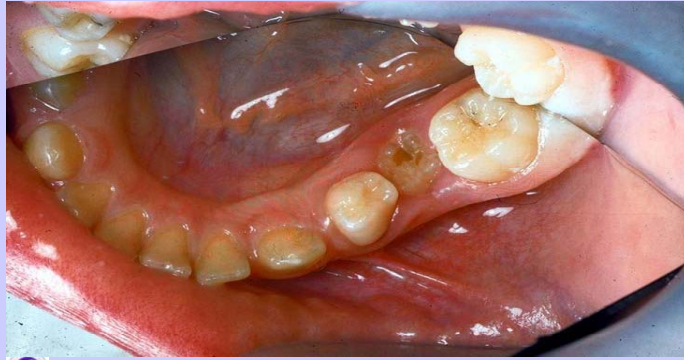


Pericoronitis is the inflammation of the flap of tissue surrounding the crown of an incompletely erupted or impacted tooth. It is frequently seen in erupting lower third molars (wisdom teeth), and is generally infected. Treatment may include antibiotics and irrigation of the infected area around the crown.

SEVERE GINGIVITIS



RETAINED PRIMARY TOOTH



**PERMANENT TEETH
BEHIND PRIMARY TEETH**

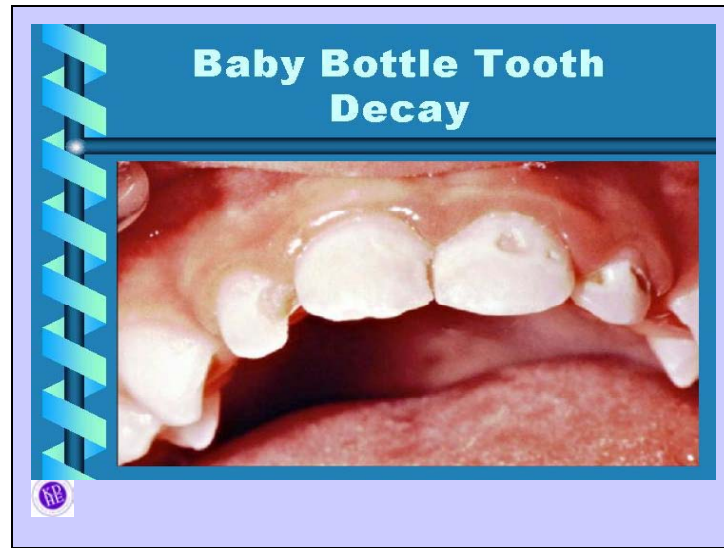




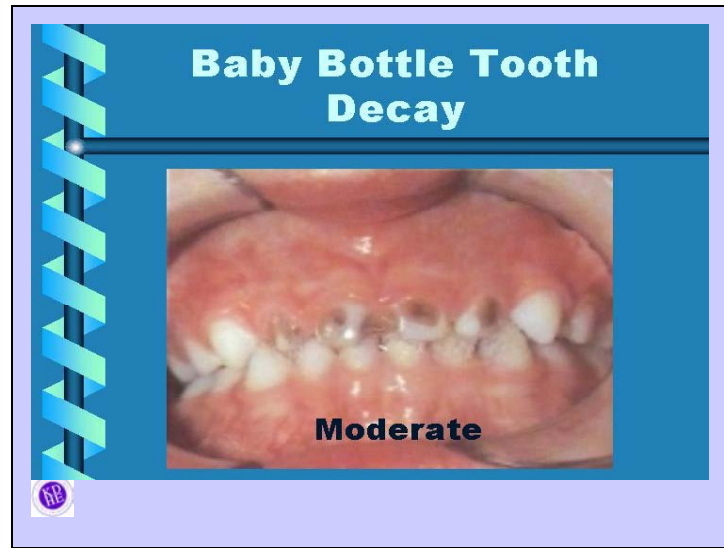
Changes in dentition...



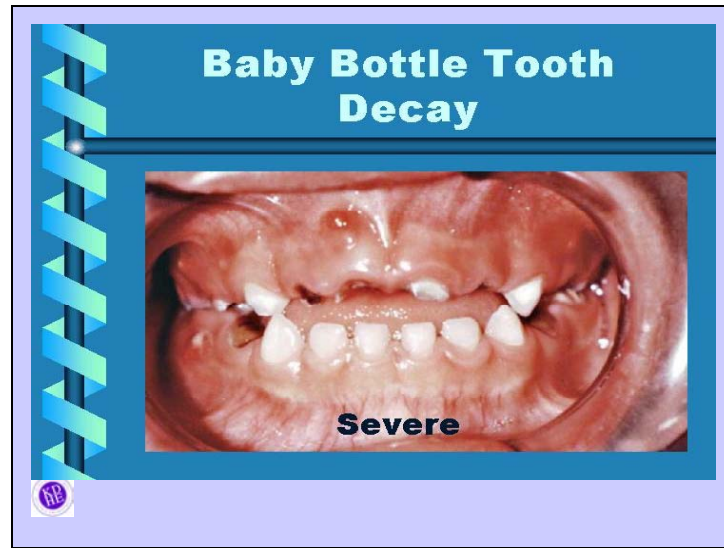
due to nonnutritive sucking habits



“Baby Bottle Tooth Decay” is also known as “Early Childhood Caries”. The upper front teeth begin to have white “chalky” spots that develop into more extensive decay. Dental disease will NOT improve without treatment, it just becomes more costly and complicated over time. Dental caries (cavities) is the number one disease affecting children under the age of three.



The white spots of decalcification develop into brown or black areas of decay.
Oral health problems begin early and grow bigger. Children's oral health is an important and overlooked component of overall health and well-being.
<http://www.nidr.nih.gov/sgr/children/caries>



Eventually, the teeth can rot off down to the gum line. This picture reveals an abscess of the upper right central incisor as well.



Baby Bottle Tooth Decay is progressive and will eventually affect all the teeth, including the permanent teeth. Tooth decay in primary teeth is a predictor of future decay in permanent teeth. This is a very painful condition which may result in “failure to thrive” since the child is unable to chew properly. Besides malnutrition, the child may experience sleeplessness and a loss of vitality.

<http://www.nidr.nih.gov/sgr/exesumm.htm>

<http://www.ncemch.org>

SEVERE BABY BOTTLE TOOTH DECAY



Giving the bacteria a constant source of food like a bottle of milk, allows for rapid progression of decay. An extensive case like this one requiring hospitalization for dental treatment, could cost up to \$5,000. One dollar spent for prevention saves eight to fifty dollars in restorative care.

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